



Montana Application for Class 3 Administrative License—Special Education Supervisor

| Requirements for Montana Class 3 Administrator—Special Education Supervisor Endorsement | |
|--|----------|
| 1. This administrative endorsement is issued in specific field of Special Education. | |
| 2. Completion of an Administrative Special Education Supervisor preparation program which is accredited by NCATE, CAEP, or is a state approved program from a regionally accredited college or university. | |
| 3. Completion and verification of a Master's Degree in Special Education or related service area. | |
| 4. Three years teaching experience as an appropriately licensed and assigned teacher, or five years of experience in an accredited Pre K -12 or K-12 school setting as a fully licensed and assigned related services provider. | |
| Important Considerations: <ul style="list-style-type: none"> • Montana DOES NOT have reciprocity with any other state in regards to educator licensure. Therefore even though you may have been a licensed educator or administrator in another state, if you do not meet the all of requirements above, you will not qualify for Class 3 Educator licensure in Montana. • If you completed an alternative educator preparation program in another state, your program may not meet the requirements for licensure in Montana and therefore you may not qualify for Class 3 licensure. Your educator preparation program's accreditation status must be verified on a University Recommendation form and submitted for review. • You must qualify for a Montana teaching license to be considered eligible for an administrative license in Montana. Please review the requirements for teacher's licensure on our website at http://opi.mt.gov/cert. • For questions regarding these considerations please call us at 406-444-3150 | |
| Montana Educator Licensure Application Checklist | |
| | Complete |
| I have completed all sections of the application and indicated the endorsement/endorsements I am applying for. | |
| I have enclosed a check or money order payable to Montana OPI for \$30 per license applied for and a one-time filing fee of \$6. (\$36 for one initial license, \$66 if applying for two licenses. Example: Class 1 and Class 3 both) | |
| I have enclosed an official transcript or requested official transcripts be mailed to the Montana OPI from all institutions I have attended. | |
| I have signed and dated the bottom of the Character and Fitness Information page. (page 4) | |
| I have signed the notary page in the presence of a licensed notary. (page 5) | |
| I have requested a fingerprint background check to be processed by the Montana Department of Justice. | |
| I have included a copy of my valid out of state license. | |
| I have completed the top section of the Verification of Teaching Experience Form and sent it to my employers. I am enclosing this form with my application. | |
| I have completed the top sections of the University Recommendation form and sent it to the institution where I completed my Administrative Special Education Supervisor preparation program. I am enclosing this form with my application. | |
| Important: Applications will not be processed until all required documents/information has been received. Processing time depends on the time of year and the volume of applications being processed. Between April and September processing time may be 6-8 weeks. It is your responsibility to check with our office to ensure that all materials have been received. You can contact us by email at cert@mt.gov or by phone at 406-444-3150. | |
| All documents must be mailed to: Montana Office of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620 | |



Class 3 Administrator License Application—Special Education Supervisor Endorsement

Please complete all sections of this application. Incomplete applications will not be evaluated. For questions regarding the application process please refer to our website at www.opi.mt.gov/cert.

| | | | | | |
|---|-------|---|--|---|--|
| Last Name | | First Name | | Middle Initial | |
| Street Address | | | Apartment/Unit # | | |
| City | State | Zip Code | Former Name(s) | | |
| Phone Number | | Email Address | | | |
| Last Four Digits of Your SSN | | Date of birth | Gender | <input type="radio"/> Male <input type="radio"/> Female | |
| Race (Choose one or more): <input type="radio"/> American Indian/ Alaska Native <input type="radio"/> Black/African American <input type="radio"/> Asian <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> White | | | Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic | | |
| School year initial licensure to be active | | July 1, _____ | | | |
| Have you ever held a Montana Educator License? | | <input type="radio"/> Yes <input type="radio"/> No | If so, please indicate under what name. | | |
| Have you ever held an educator license from another state? | | <input type="radio"/> Yes <input type="radio"/> No | If so, please indicate what state/states. | | |

Academic and Education Experience

Class 3 Administrative Special Education Supervisor licensure requires that all applicants MUST have completed a Master's degree in Special Education or a Master's degree in the following Special Education- related service fields: School Psychologist, Speech-language Pathologist, Audiologist, Physical Therapist, Occupational Therapist, Registered Nurse, Clinical Social Worker, or Clinical Professional Counselor.

Original transcripts must be submitted for all colleges or universities attended.

| College or University | City/State | Degree earned | Major | | Minor | |
|--|------------|---|-------------------------------|---|---------------------------------|---|
| Transcripts requested/enclosed <input type="radio"/> | | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Educator Preparation Program? | <input type="radio"/> Yes <input type="radio"/> No | Educational Leadership Program? | <input type="radio"/> Yes <input type="radio"/> No |
| | | | | | | |
| Transcripts requested/enclosed <input type="radio"/> | | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Educator Preparation Program? | <input type="radio"/> Yes <input type="radio"/> No | Educational Leadership Program? | <input type="radio"/> Yes <input type="radio"/> No |
| | | | | | | |
| Transcripts requested/enclosed <input type="radio"/> | | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Educator Preparation Program? | <input type="radio"/> Yes <input type="radio"/> No | Educational Leadership Program? | <input type="radio"/> Yes <input type="radio"/> No |
| | | | | | | |
| Transcripts requested/enclosed <input type="radio"/> | | <input type="radio"/> Bachelors <input type="radio"/> Masters <input type="radio"/> Other <input type="radio"/> None | Educator Preparation Program? | <input type="radio"/> Yes <input type="radio"/> No | Educational Leadership Program? | <input type="radio"/> Yes <input type="radio"/> No |
| | | | | | | |

Experience as a Professional Educator

Class 3 Administrative Special Education Supervisor licensure requires verification of at least 3 years of professional teaching experience as an appropriately licensed teacher or five years of experience in an accredited school setting as a fully licensed and assigned related services provider.

A verification of teaching experience form must be submitted to document work experience.

(See attachment 1 of this application)

| Name of School | City/State | Dates Employed | Assignment | Grade level |
|----------------|------------|----------------|---|-------------|
| | | | <input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____ | |
| | | | <input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____ | |
| | | | <input type="radio"/> Teacher <input type="radio"/> Administrator <input type="radio"/> Other _____ | |

Application for Endorsement

Please indicate which endorsement you are applying for. A university recommendation from the Administrative Special Education Supervisor preparation program you have completed will be required to document your eligibility for each endorsement requested. This administrative endorsement is issued in Special Education

(See Attachment 2 of this application)

☐ Supervisor of Special Education

Character and Fitness Information

| Last Name | First Name | MI |
|---|--|--|
| | | |
| 1. Do you currently hold or have you ever held a professional certificate, license, or other credential in ANY field (e.g. education, cosmetology, social work, outfitting, acupuncture) in Montana or any other state? If yes, please provide the following information for every certificate, license, or credential. | | <input type="radio"/> Yes <input type="radio"/> No |
| State or Jurisdiction | Type of License | Certificate or License Number |
| | | |
| | | |
| | | |
| 2. Have you ever had adverse action taken against any professional certificate, license, or other credential issued for practice in ANY field, or is any such action pending? If yes, select the actions below and explain on a separate sheet, providing dates, locations, circumstances, and outcome for each incident. Sign and date each page. | | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Letter of Warning | <input type="radio"/> Suspension | <input type="radio"/> Voluntary Surrender |
| <input type="radio"/> Reprimand | <input type="radio"/> Denial | <input type="radio"/> Revocation |
| | | <input type="radio"/> Failure to Renew |
| | | <input type="radio"/> Other (please describe) |
| 3. Have you ever resigned or been disciplined, discharged, or asked to resign or retire from a professional position or military service because of allegations of misconduct, or is any such action pending? This includes discipline for failure or refusal to fulfill an employment contract. If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. | | <input type="radio"/> Yes <input type="radio"/> No |
| 4a. Have you ever been convicted of any crime (misdemeanor or felony)? If yes, explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. | | <input type="radio"/> Yes <input type="radio"/> No |
| 4b. Have you entered into a pretrial diversion* for any crime? If yes, select from the options below and explain on a separate sheet, providing dates, locations, and circumstances for each incident. Sign and date each page. <i>*A pretrial diversion program is any program that results in dismissal of charges upon satisfaction of conditions such as paying restitution or fines, having no similar offenses for a specified time, performing community service, completing rehabilitation or treatment programs, satisfying probation, etc. Answer "yes" even if you were not required to complete the program.</i> | | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Deferred Prosecution | <input type="radio"/> Deferred or Suspended Imposition of Sentence | <input type="radio"/> Deferred Adjudication |
| <input type="radio"/> Stay of Adjudication | <input type="radio"/> First Time Offenders Programs | <input type="radio"/> Other Programs (Please describe) |
| Taxpayer Identification Number (TIN), Social Security Number (SSN) or Canadian identification number (GST): Section 7 of Public Law 93-579 requires us to advise you of the following in connection with our request for your Taxpayer Identification Number (TIN): Disclosure of your taxpayer identification number is mandatory pursuant to the National Child Protection Act of 1993, 42 USC 5119a and c, which authorizes a state and national criminal history background check to determine the fitness of an employee, volunteer, or other person with unsupervised access to children, the elderly, or individuals with disabilities. Your taxpayer identification number will also be used for verification purposes in connection with college transcripts and other education records pertaining to your application for teacher licensure. | | |
| Taxpayer ID Number, Social Security Number or Canadian ID | | |
| <i>By signing this application, I acknowledge I have read and understood the foregoing. I declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. I am aware false statements of material fact, misrepresentations, or omissions of material fact in or with this application is grounds for the denial, revocation, or suspension of the license(s) I am seeking.</i> | | |
| Signature: | | Date: |
| Note: Your application will not be processed until we receive your fingerprint background check results. Have you submitted your background check to the Montana Dept. of Justice? (See instructions on Page 8) | | <input type="radio"/> Yes <input type="radio"/> No |



You must subscribe to the following oath or affirmation before a notary public or other officer authorized by law to administer oaths. (MCA §20-4-104.) "I solemnly swear (or affirm) that I will support The Constitution of the United States of America and The Constitution of the State of Montana."

Declaration

I hereby declare under penalty of perjury the information included in or with my application is true, correct, and complete to the best of my knowledge. In signing this application, I am aware that a false statement of material fact, misrepresentations, or omissions of material fact in or with this application may lead to the denial, revocation or suspension of the license(s) I am seeking. I acknowledge that I have read the Professional Educators of Montana Code of Ethics as provided on the Montana OPI Educator Licensure website.

| | | | |
|---------------------------|--|------------------------------|--|
| Name of applicant: | | | |
| Date of Birth | | Last 4 numbers of SSN | |

Signature of Applicant: _____

The above oath was sworn and this document was signed before me on the _____ day of

_____, 20_____

By _____
(Print name of signer)

Signature of Notary: _____

Printed Name of Notary: _____

Residing in the State of: _____ County of: _____

Commission Expires: _____



Montana
Office of Public Instruction
Denise Juneau, State Superintendent

Attachment 1:
Verification of Teaching
Experience for Class 3
Administrators Licensure

| | | | | | | | | | |
|--|--|---|---------------|---|--|---|-------|---|----------|
| <p>This statement must be prepared and signed by the appropriate school official. The current appropriate administrator may sign this form based on personnel records. You may need to send this form to more than one district.</p> | | | | | | | | | |
| Applicant Information: | | | | | | | | | |
| Last Name | | | | First Name | | | | MI | |
| Address | | | | City | | | State | | Zip Code |
| Last Four Digits of SSN | | | | Former Name(s) | | | | | |
| <p>To be completed by the School District. If the employment history is too complex to enter below, please sign this form and attach additional documentation. Please return this form to the candidate at the address listed above:</p> | | | | | | | | | |
| School Officials Name and Title: | | | | | | | | | |
| School District: | | | | | | | | | |
| School District City/State | | | | | | | | | |
| Was the licensure applicant above employed as a licensed and appropriately assigned teacher in your school? | | | | <input type="radio"/> Yes <input type="radio"/> No | | | | | |
| Employed from (month/year) | | | | To (month/year) | | | | | |
| Full time | | <input type="radio"/> Yes <input type="radio"/> No | | Part time | | <input type="radio"/> Yes <input type="radio"/> No | | If Yes, FTE Equivalent? (eg .25 for ¼ time) | |
| Educational area the applicant was assigned to teach during employment at your school: | | <input type="radio"/> Pre K <input type="radio"/> Elementary (K-8) <input type="radio"/> Middle School (4-8) Classes Taught _____ <input type="radio"/> Secondary (5-12) Classes Taught _____ <input type="radio"/> Special Education <input type="radio"/> School Counselor <input type="radio"/> Other: Please describe _____ | | | | | | | |
| I verify that the work experience information as documented on this form is correct to the best of my knowledge. | | | | | | | | | |
| Signature | | | | Printed Name & Title | | | | | |
| Date | | | Email Address | | | Phone Number | | | |



**University Recommendation for
 Administrative Special Education
 Supervisor Endorsement**

| | | | | | | |
|--|--|--|--|---|--|----|
| This statement must be prepared and signed by the appropriate official from the college or university where your Administrative Special Education Supervisor Preparation Program was completed. | | | | | | |
| Candidate Information: | | | | | | |
| Last Name | | | | First Name | | MI |
| Last Four Digits of SSN | | Birth Date | | Former Name(s) | | |
| To be completed by the college or university where the applicant completed your Administrative Special Education Supervisor's preparation program. Please complete the information requested below and mail this form to: | | | | Montana Office Of Public Instruction Attn. Educator Licensure PO Box 202501 Helena, MT 59620 | | |
| Name of College/University | | | | | | |
| City/State | | | | | | |
| Is your institution regionally accredited? | | | | <input type="radio"/> Yes <input type="radio"/> No | | |
| Accreditation of Administrative Special Education Supervisor Preparation Program | | <input type="radio"/> CAEP <input type="radio"/> NCATE <input type="radio"/> State <input type="radio"/> Other i.e. Alternative route. (please describe) _____ | | | | |
| Type of Administrative Preparation Program | | <input type="radio"/> Supervisor of Special Education In order to qualify for a Supervisor endorsement the preparation program must include a supervised Practicum/Internship <input type="radio"/> The university program meets this requirement <input type="radio"/> The university program does not meet this requirement | | | | |
| Type of Master's Degree | | <input type="radio"/> Master's Degree Special Education <input type="radio"/> Master's degree in the following Special Education- related service fields: (School Psychologist, Speech-language Pathologist, Audiologist, Physical Therapist, Occupational Therapist, Registered Nurse, Clinical Social Worker, or Clinical Professional Counselor) – Please indicate which area. _____ | | | | |
| I attest that the above named candidate completed an administrator's preparation program as indicated above. This program leads to licensure in the state of _____ | | | | College Seal | | |
| Signature | | | | Printed Name & Title | | |
| Date | | Email Address | | Phone Number | | |



How to Initiate your Fingerprint Background Check

1. Go to your local law enforcement agency or any other agency offering fingerprinting services. Request that your fingerprints be taken for a background check. There may be a charge for this service. **Fingerprints must be clear. Smudged or unclear prints will be rejected. Therefore we recommend that you complete two fingerprint cards to ensure that your background check can be completed in a timely manner.**
2. Fill out all sections of the fingerprint cards with your personal information as needed. **Do not fold the completed fingerprint cards.**

3. Complete the following sections as instructed below:

Employer and Address: Montana Office of Public Instruction
Educator Licensure Division
PO Box 202501
Helena, MT 59620-2501

Reason Fingerprinted: Montana Educator Licensure
ARM 10.57.201A

ORI: MT025025Y
DOJ-ST ID BUR
Helena, MT

4. Mail the completed fingerprint cards along with a **Check for \$27.25** payable to the Montana DOJ to:

Montana Department of Justice
PO Box 201403
Helena, MT 59620-1403

For questions regarding the status of your background check call 406-444-3150. We will notify you by letter of rejected fingerprints and provide instructions on how to complete the process again.